

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

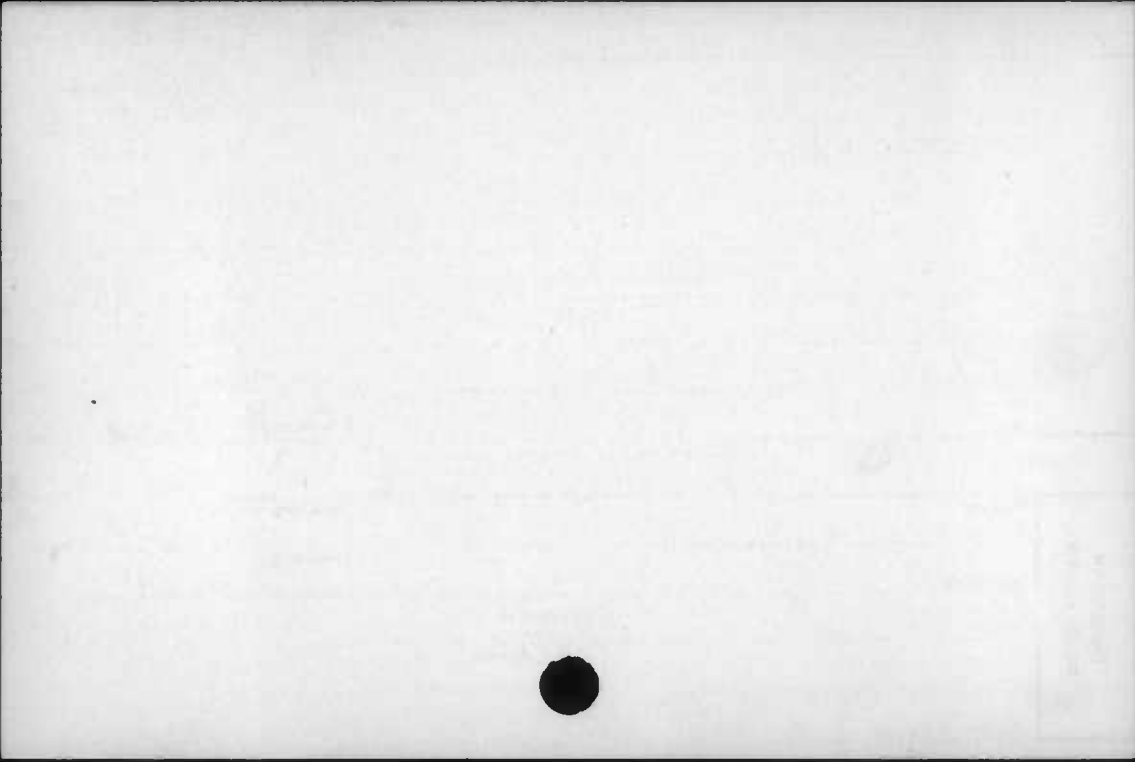
Died at <i>Bairstown</i> ^{Town}		<i>Brown</i> ^{County}		MARYLAND	
Date of death <i>1909</i>	<i>Sept</i> ^{Month}	<i>5</i> ^{Day}	Age <i>67</i> ^{Years}	<i></i> ^{Months}	<i></i> ^{Days}
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Calverton</i>			
Occupation <i>farmer</i>	Where Residing if not at place of death <i></i>				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Martha Fowler</i>				
Father's Name <i>Haleworth Brown</i>	Father's Birthplace <i>Calverton</i>				
Mother's Maiden Name <i>unknown</i>	Mother's Birthplace <i>Calverton</i>				
Name of person giving information			How related to deceased		

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Cerebral Hemorrhage</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>D. M. King</i>
	Address <i>Bairstown Md.</i>
Accident or Suicide?	



Name

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Full

Lamm Buck

CERTIFICATE OF DEATH

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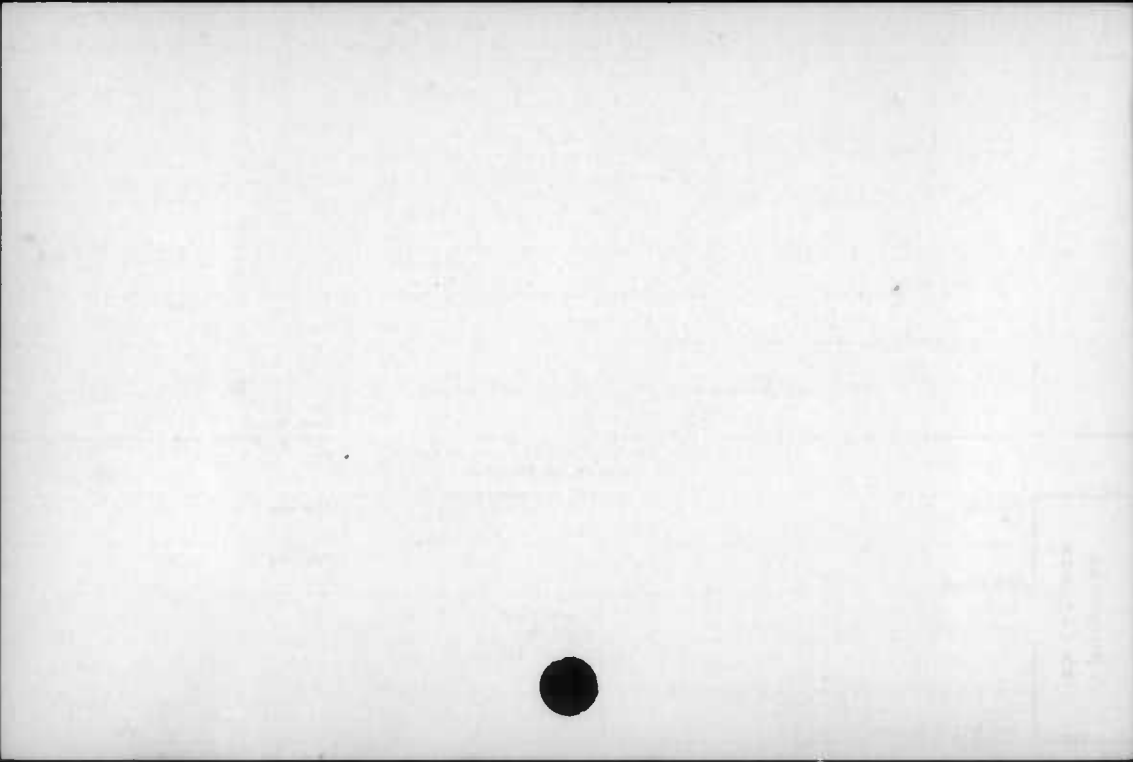
Died at <i>Baertown</i> ^{Town}		<i>Calvert</i> ^{County}		MARYLAND	
Date of death <i>1909</i>	<i>Sept</i> ^{Month}	<i>15</i> ^{Day}	<i>28</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Calvert</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Mamie Scott</i>			
Father's Name <i>Llewellyn Buck</i>			Father's Birthplace <i>Calvert Co</i>		
Mother's Maiden Name <i>unknown</i>			Mother's Birthplace <i>Calvert Co</i>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>6 mos</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>D. J. W. King</i>
	Address <i>Baertown Md.</i>
Accident or Suicide?	



Name

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Sallie Commodore

CERTIFICATE OF DEATH

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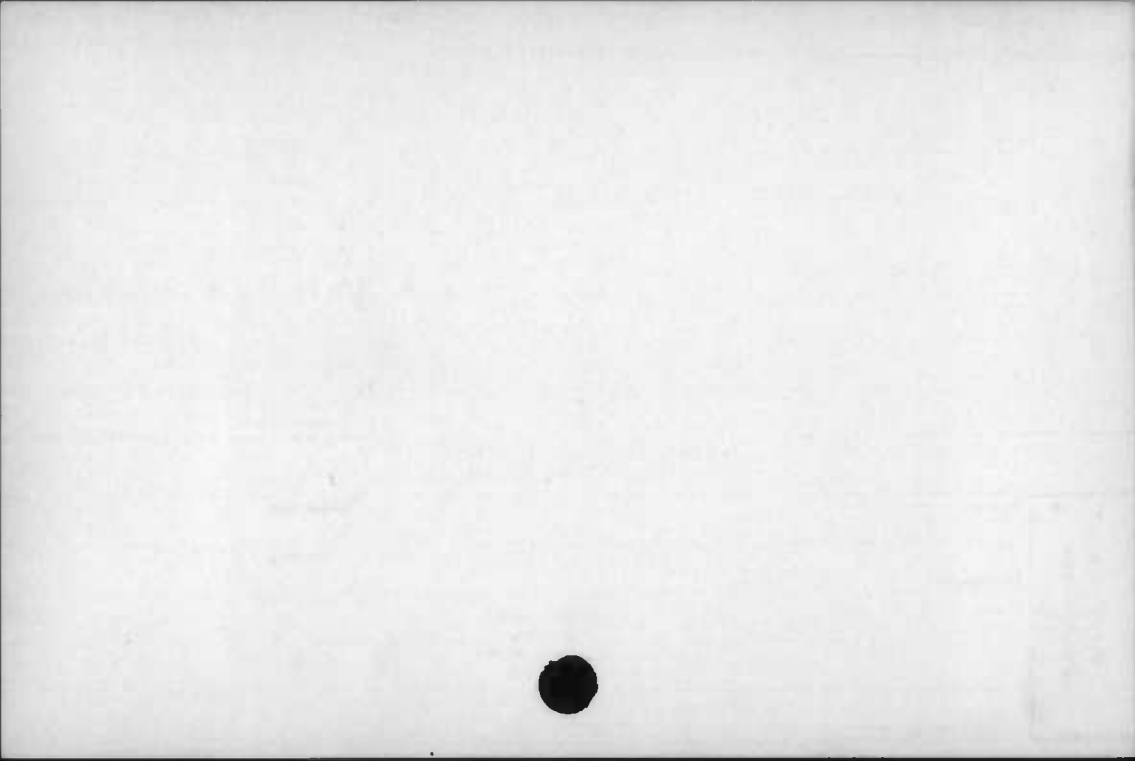
Died at		Town <i>Parnassus Greens</i>		County <i>Calvert</i>		MARYLAND	
Date of death	1909	Month	Sept	Day	18	Age	Years
						Months	Days
						14	
Sex	<i>Female</i>		Color or Race	<i>Colored</i>		Birth-place	<i>Calvert Co</i>
Occupation	<i>none</i>			Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			<i>William Commodore</i>			Father's Birthplace	
						<i>Calvert Co</i>	
Mother's Maiden Name			<i>Sadie Commodore</i>			Mother's Birthplace	
						<i>Calvert Co</i>	
Name of person giving information						How related to deceased	

CAUSES OF DEATH

152

PHYSICIAN
OR CORONER

Primary	<i>Infection from tooth</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		<i>J. W. King</i>
		Address
		<i>Barstow Md</i>
Accident or Suicide?		



Name
in
Full

Hannah Gross

CERTIFICATE OF DEATH

Town

County

Died at

Huntingtown

Calvert

MARYLAND

Date

of death

1909 Sept

Day

10

Age

Years

76

Months

Days

Sex

Female

Color or
Race

Black

Birth-
place

Cal. Geo.

Occupation

House Keeper

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Peter Gross

Father's
Name

Not Known

Father's
Birthplace

Not Known

Mother's
Maiden Name

"

"

Mother's
Birthplace

"

"

Name of person giving
Information

Elias Mason

How related
to deceased

Grandson

CAUSES OF DEATH

Primary

General Debility

How long

1 year

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

J. W. Fitch
Huntingtown
Md

Accident or Suicidal

154

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Ann Hill

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND	
Date of death		Month	Day	Age	Years
1909		Sept.	26	Not Known	
Sex	Female	Color or Race	African	Birth-place	Calvert Co
Occupation	House wife		Where Residing if not at place of death		
Married, Single or Widowed	Widow		Name of Wife or Husband		
		Benjamin Hill			
Father's Name	Unknown		Father's Birthplace	Unknown	
Mother's Maiden Name	Unknown		Mother's Birthplace	"	
Name of person giving Information	Jos. G. Scott		How related to deceased	None	

CAUSES OF DEATH

Primary Mitral Dis. of Heart 79 How long 6 months

Immediate

Are the name, age, sex, color, date and place correctly given above?

as far as I know

Signature of Physician

Address

E. H. Humeau
Lo. Manthoro,
Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

William A. King

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Mt Harmony ^{County} Calvert

Date of death 1909 ^{Month} September ^{Day} 23 ^{Years} Age 40 ^{Months} 3 ^{Days}

Sex Male ^{Color or Race} White ^{Birth-place} B. Geo Co. Md

Occupation Farmer ^{Where Residing if not at place of death}

Married, Single or Widowed Married ^{Name of Wife or Husband} Rosa Lee King

Father's Name James H. King ^{Father's Birthplace} unknown

Mother's Maiden Name Jones ^{Mother's Birthplace} B. Geo Co Md

Name of person giving Information Mrs Susan King ^{How related to deceased} Mother

CAUSES OF DEATH

44

Primary Cancer of face ^{How long} 18 mos

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Dr. Griffith, M.D.
Upper Marlboro
Wm B Ward S. R. Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Relva Rice

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Sept	12	17			
Sex		Color or Race		Birth-place			
Female		colored		Calvert Co. Md.			
Occupation				Where Residing if not at place of death			
Cooling							
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name				Father's Birthplace			
James Rice				Calvert Co. Md.			
Mother's Maiden Name				Mother's Birthplace			
Sarah Jane Emerson				Calvert Co. Md.			
Name of person giving Information				How related to deceased			
James Rice				Father			

CAUSES OF DEATH

How long

3 weeks

How long

24 hrs.

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

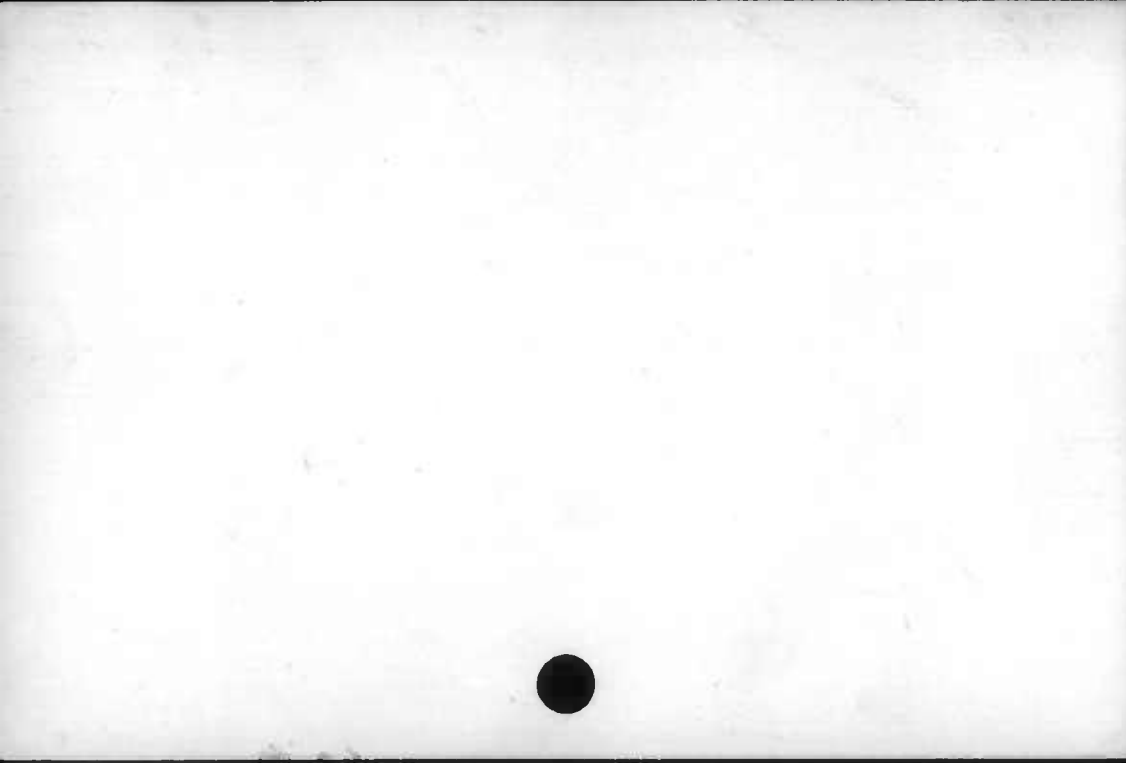
Signature of Physician

Address

W. M. Channy, M.D.
Channy, Md.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
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William Henry Watts

CERTIFICATE OF DEATH

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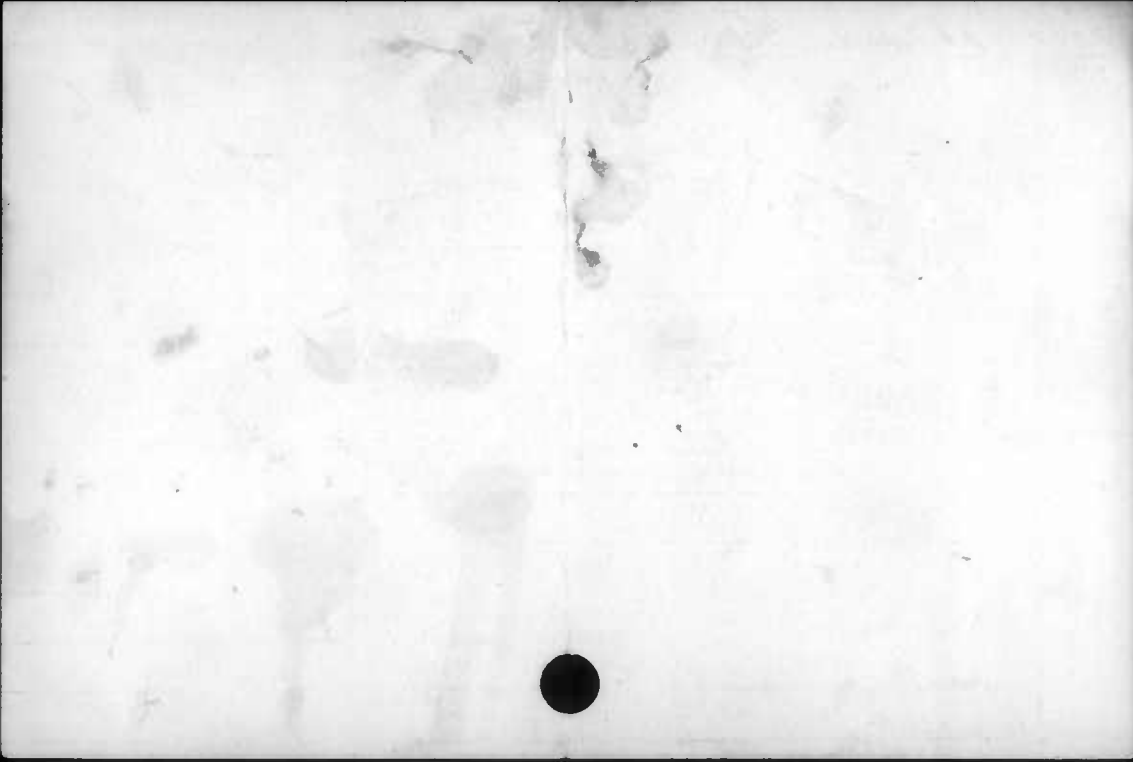
Died at		Town <i>Sollev</i>		County <i>Calvert</i>		MARYLAND	
Date of death		190	Month <i>9 Sept.</i>	Day <i>16</i>	Age <i>16</i>	Months <i>0</i>	Days <i>20</i>
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Sollev, Md.</i>			
Occupation <i>Schoolboy</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Booley Watts</i>				Father's Birthplace <i>Sollev, Md.</i>			
Mother's Maiden Name <i>Sueie Kelly</i>				Mother's Birthplace <i>Hollywood, Md.</i>			
Name of person giving information <i>Prince Albert Bishop</i>				How related to deceased <i>Step-Father</i>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary tuberculosis (?)</i>	How long	<i>12 months</i>
Immediate	<i>Asthenia</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>George Peterson</i>	
<i>Yes</i>		Address <i>St. Leonard's, Calvert Co., Md.</i>	
Accident or Suicide?			



Name
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Halvor W Woldsen

CERTIFICATE OF DEATH

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NEAREST FRIEND

Died at <i>Oliver</i> ^{Town}		<i>Calvert</i> ^{County}		MARYLAND	
Date of death	<i>1909</i> ^{Month}	<i>Sept</i> ^{Day}	<i>6</i> ^{Age}	<i>—</i> ^{Years}	<i>3</i> ^{Months}
Sex	<i>male</i>		Color or Race	<i>white</i>	
Occupation	<i>—</i>		Birth-place	<i>Calvert Co</i>	
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Halvor Woldsen</i>			Father's Birthplace <i>Norway</i>		
Mother's Maiden Name <i>Mary J Hopkins</i>			Mother's Birthplace <i>Somerset Co md</i>		
Name of person giving information <i>Halvor Woldsen</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Enterocolitis</i>	How long	<i>from birth</i>
Immediate	<i>Exhaustion</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Geo. F. Chambers</i>	
<i>Yes</i>		Address <i>Lucy, Calvert Co, Md.</i>	
Accident or Suicide?			

